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## \*BIBDATASHEET\*

Bib Data Sheet

**CONFIRMATION NO. 9595** 

| SERIAL NUMB<br>10/646,084   | FILING DATE 08/22/2003 10/646,084 RULE |                       | l          | CLASS<br>600    |                    | GROUP ART UNIT<br>3762           |          | ATTORNEY<br>DOCKET NO.<br>020.0343.US.CON |             |
|---|--|-----------------------|------------|-----------------|--------------------|----------------------------------|----------|---|-------------|
| APPLICANTS  |  |                       |            |                 |                    |                                  |          |   |             |
| Gust H. Bardy, S  | eattle,                                | WA;                   |            |                 |                    |                                  |          |   |             |
| ** CONTINUING DATA **********************************   |  |                       |            |                 |                    |                                  |          |   |             |
| ** FOREIGN APPLICATIONS ************************************  |  |                       |            |                 |                    |                                  |          |   |             |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/17/2003   |  |                       |            |                 |                    |                                  |          |   |             |
| Foreign Priority claime<br>35 USC 119 (a-d) con   |  | yes no Met aft        | er         | STATE OR        | SH                 | IEETS                            | ТОТ      | ΓAL                                       | INDEPENDENT |
| met<br>Verified and<br>Acknowledged   | Exa                                    | Allowande             | nitials    | COUNTRY<br>WA   | DR                 | AWING<br>21                      | CLA<br>2 | _   | CLAIMS<br>3 |
| ADDRESS 22895 PATRICK J S INOUYE P S 810 3RD AVENUE SUITE 258 SEATTLE, WA 98104                     |  |                       |            |                 |                    |                                  |          |   |             |
| TITLE System and moth   | od for                                 | providing foodback to | an individ | ual nationt for | autom              | atad ram                         | oto noti | iont oo                                   |             |
| System and method for providing feedback to an individual patient for automated remote patient care |  |                       |            |                 |                    |                                  |          |   |             |
|   |  |                       |            |                 |                    | ☐ All Fees                       |          |   |             |
|   |  |                       |            |                 | 1.16 Fees (Filing) |                                  |          |   |             |
| FILING FEE FEES: Authority has been given in Paper  |  |                       |            |                 |                    | ☐ 1.17 Fees ( Processing Ext. of |          |   |             |

| FILING FEE      | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT | 1.17 Fees ( Processing Ext. of time ) |  |  |  |
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| RECEIVED<br>804 | No for following:   | ☐ 1.18 Fees ( Issue )                 |  |  |  |
| 004             |   | Other                                 |  |  |  |
|                 |   | ☐ Credit                              |  |  |  |